



**PETITION FOR REVIVAL OF AN APPLICATION FOR PATENT ABANDONED  
UNAVOIDABLY UNDER 37 CFR 1.137(a)**

**3. Terminal disclaimer with disclaimer fee**

- ☒ Since this utility/plant application was filed on or after June 8, 1995, no terminal disclaimer is required.
- ☐ A terminal disclaimer (and disclaimer fee (37 CFR 1.20(d)) of \$ \_\_\_\_\_ for a small entity or \$ \_\_\_\_\_ for other than a small entity) disclaiming the required period of time is enclosed herewith (see PTO/SB/63).

**4. An adequate showing of the cause of the delay, and that the entire delay in filing the required reply from the due date for the reply until the filing of a grantable petition under 37 CFR 1.137(a) was unavoidable, is enclosed.**

**WARNING:**

Petitioner/applicant is cautioned to avoid submitting personal information in documents filed in a patent application that may contribute to identity theft. Personal information such as social security numbers, bank account numbers, or credit card numbers (other than a check or credit card authorization form PTO-2038 submitted for payment purposes) is never required by the USPTO to support a petition or an application. If this type of personal information is included in documents submitted to the USPTO, petitioners/applicants should consider redacting such personal information from the documents before submitting them to the USPTO. Petitioner/applicant is advised that the record of a patent application is available to the public after publication of the application (unless a non-publication request in compliance with 37 CFR 1.213(a) is made in the application) or issuance of a patent. Furthermore, the record from an abandoned application may also be available to the public if the application is referenced in a published application or an issued patent (see 37 CFR 1.14). Checks and credit card authorization forms PTO-2038 submitted for payment purposes are not retained in the application file and therefore are not publicly available.

Joseph Giglio  
Signature  
Joseph Giglio  
Typed or printed name  
100 Chapin Ave  
Address  
RED BANK N.J. 07701  
Address

July 3, 2008  
Date  
Registration Number, if applicable  
732-720-6584  
Telephone Number

- Enclosure ☒ Fee Payment
- ☒ Reply
- ☐ Terminal Disclaimer Form
- ☒ Additional sheets containing statements establishing unavoidable delay
- ☐ \_\_\_\_\_

**CERTIFICATE OF MAILING OR TRANSMISSION (37 CFR 1.8(a))**

I hereby certify that this correspondence is being:

- ☐ deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to Mail Stop Petition, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.
- ☐ transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (571) 273-8300.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed or printed name of person signing certificate

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>PETITION FOR REVIVAL OF AN APPLICATION FOR PATENT ABANDONED UNAVOIDABLY UNDER 37 CFR 1.137(a)</b>	Docket Number (Optional)  —
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First Named Inventor: \_\_\_\_\_ Art Unit: 3764

Application Number: 10/042,535 Examiner: STEVEN R CROWE

Filed: 1/9/02

Title: Therapeutic Exercise Device with adjustable  
FRAME FOR wheelchair USERS  
AND STANDARD FOUR LEGGED  
Chair USERS

Attention: Office of Petitions  
Mail Stop Petition  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

NOTE: If information or assistance is needed in completing this form, please contact  
Petitions Information at (571) 272-3282.

The above-identified application became abandoned for failure to file a timely and proper reply to a notice or action by the United States Patent and Trademark Office. The date of abandonment is the day after the expiration date of the period set for reply in the Office notice or action plus any extensions of time actually obtained.

**APPLICANT HEREBY PETITIONS FOR REVIVAL OF THIS APPLICATION.**  
NOTE: A grantable petition requires the following items:

- (1) Petition fee.
- (2) Reply and/or issue fee.
- (3) Terminal disclaimer with disclaimer fee – required for all utility and plant applications filed before June 8, 1995, and for all design applications; and
- (4) Adequate showing of the cause of unavoidable delay.

1. Petition fee

☒ Small entity – fee \$ 255.00 (37 CFR 1.17(l)). Applicant claims small entity status.  
See 37 CFR 1.27.

☐ Other than small entity – fee \$ \_\_\_\_\_ (37 CFR 1.17(l)).

2. Reply and/or fee

A The reply and/or fee to the above-noted Office action in the form of  
type written reply w/ corrections (identify the type of reply):

☐ has been filed previously on \_\_\_\_\_

☒ is enclosed herewith.

B The issue fee of \$ \_\_\_\_\_

☐ has been filed previously on \_\_\_\_\_

☐ is enclosed herewith.

[Page 1 of 3]

This collection of information is required by 37 CFR 1.137(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 8 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Petition, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**PETITION FOR REVIVAL OF AN APPLICATION FOR PATENT ABANDONED  
UNAVOIDABLY UNDER 37 CFR 1.137(a)**

NOTE: The following showing of the cause of unavoidable delay must be signed by all applicants or by any other party who is presenting statements concerning the cause of delay.

Joseph Giglio                      July 3, 2008  
Signature                                      Date

Joseph Giglio                      \_\_\_\_\_  
Typed or printed name                      Registration Number, if applicable

(In the space provided below, please explain in detail the reasons for the delay in filing a proper reply.)

Application 10/042,535 was Abandoned  
UNAVOIDABLY due to the Applicant  
Joseph Giglio suffering serious illness  
he had a massive stroke a CVA,  
"Cerebral Hemorrhage - "GANGLIA BLEED"  
Is now disabled see attached  
Medical reports  
the onset date of stroke 10/25/03

(Please attach additional sheets if additional space is needed.)



10/042,535

Joseph Giglio application 10/024,535  
Chapin Hill Nursing and Rehab  
100 Chapin Avenue  
Red Bank, NJ 07701.

May 13, 2008

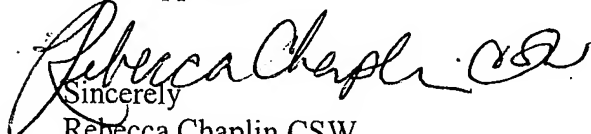
Re: Joseph Giglio request to revive patent application

To Whom It May Concern:

Joseph Giglio is a resident at Chapin Hill Nursing and Rehab in Red Bank NJ. In October 2003 Mr Giglio was in the process of applying for patent 10/024,535. Mr Giglio suffered from a stroke which has left him confined to a wheel chair. His ability to work and perform activities of daily living independently has declined. 10/042,535

Mr Giglio has asked me to type this letter on his behalf. He is requesting to revive his patent application. He has enclosed check # 590 in the amount of \$255.00. He has enclosed nursing and physician reports as well as change of address information. He has also enclosed a copy of his response to non-final office action dated 9/9/2004 with the required corrections and amendments in compliance with said office. ACTION.

I am hoping that you will be able to assist Mr Giglio in pursuing the completion of his patent application.

  
Sincerely  
Rebecca Chaplin CSW  
Director of Social Services  
732-741-8811 ext 126



## NURSING ADMISSION ASSESSMENT

Patient Name Joseph Physician Book MR # \_\_\_\_\_  
Wishes to be called: Joseph Today's Date 11/3/03

Admission Date <u>11/3/03</u>	Time <u>7</u>	Room No. <u>221</u>
Arrived via: <u>Ambulatory</u>	<u>Wheelchair</u>	<u>Stretcher</u>
Arrived from: <u>Hospital</u>	<u>Emergency Room</u>	<u>Home</u>
Allergies: <u>NKA</u>	<u>No</u>	<u>Yes (list)</u>

### PATIENT ORIENTATION

Reason for admission as stated by the patient: Phlegm Therapy  
Expected personal goals as stated by the patient: let him  
☒ Call bell in reach  
☒ Call light explained  
☒ Bed controls explained  
☒ Visiting hours explained  
☒ Smoking policy explained  
☐ Showed location of bathroom

### PATIENT'S BELONGINGS

Prosthesis	<u>Yes</u>	<u>No</u>	<u>With patient</u>
Dentures: upper	<u>Yes</u>	<u>No</u>	<u>With patient</u>
lower	<u>Yes</u>	<u>No</u>	<u>With patient</u>
Removable Bridge	<u>Yes</u>	<u>No</u>	<u>With patient</u>
Artificial Eye	<u>Yes</u>	<u>No</u>	<u>With patient</u>
Glasses <u>three</u>	<u>Yes</u>	<u>No</u>	<u>With patient</u>
Hearing Aid	<u>Yes</u>	<u>No</u>	<u>With patient</u>
Ice	<u>Yes</u>	<u>No</u>	<u>With patient</u>
Walker	<u>Yes</u>	<u>No</u>	<u>With patient</u>
Cane	<u>Yes</u>	<u>No</u>	<u>With patient</u>
Wheelchair	<u>Yes</u>	<u>No</u>	<u>With patient</u>

### PAIN ASSESSMENT

Type dull pain  
Location leg back  
Duration 15 min  
Frequency \_\_\_\_\_  
Exacerbating Factors \_\_\_\_\_  
How Relieved per med

Rate Degree of pain on PAIN SCALE:

0 1 2 3 4 5 6 7 8 9 10  
No pain Worst pain

Glasses found light color frame

back of leg back tip

patient states he took 15 min

### ADMISSION VITAL SIGNS (to be taken at admission and then every shift x 24 hours)

DATE		11-7	7-3	3-11
<u>11/3/03</u>	V/S			<u>120/80 72 18</u>
	Signature			
	V/S			
	Signature			

Orthostatic BP: Lying 120/80

Sitting N/A

Standing N/A

Admission Height 5'10

Weight 165.6

### HIGH RISK FOR FALL PROTOCOL

(CIRCLE ALL THAT APPLY)

Depressed	<u>3.5</u>
Confused	<u>3.0</u>
History of Falls	<u>2.5</u>
Weak	<u>1.0</u>
Dependent and incontinent	<u>2.5</u>
Over w/decreased leg mobility	<u>2.5</u>
TOTAL of all circled items:	<u>4.5</u>

### SCORE

Level I (1-3)  
☒ Level II (4-5)\*  
Level III (>5)\*  
None

Level II or III may require side rails up in bed for safety and self  
Positioning Pending full assessment by interdisciplinary team

Name

Giglio Joseph

Doctor

Bork

Room No.

221

Date and Time

Nurse's Name

11/3/03

Adm

51-year-old male rec'd from MRC via stretcher accompanied by 2 attendants from Alert Amb Service. Alert, no sign of acute distress. Able to make all needs known to nursing staff. Patient noted with Rt hemiparesis. A foot noted on the left heel. Upon assessment patient found with dry reddened heel. Pedal pulses B, bilateral. B/P 120/80 RR 18 97% SpO2

Past history depression. Questionable history of multiple sclerosis. Patient is an ex smoker and alcohol use. Abdomen soft non tender, B & B. Patient denies any pain. No wheezes or congestion. Lungs are clear. Rect with a Texas catheter medium size in place. Urine draining into bag noted to be clear yellow color. No sediment noted.

Mr Bork rubbed of adm with. All medication passed to witnesses. All meds to be given as ordered tonight.

# WEEKLY PROGRESS NOTE

11/04/2003 - 11/10/2003

Payer Source: Self Pay

PATIENT'S LAST NAME	FIRST NAME	M.I.	PROVIDER NO.	HICN
Giglio	Joseph		315286	
TYPE	MEDICAL RECORD NO.	ONSET DATE	SOC. DATE	
<input checked="" type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> SLP	4112	10/25/2003	11/04/2003	
PRIMARY DIAGNOSIS	TREATMENT DIAGNOSIS	FREQ/DURATION	VISITS FROM SOC	VISITS THIS WEEK
438.9, 780.79	438.9	3/week x 12 weeks	4	4

SERVICES	11/04/2003	11/05/2003	11/06/2003	11/07/2003	11/08/2003	11/09/2003	11/10/2003
97001 PT evaluation	30	2					
97112 Neuromuscular reeduc	45	3	60	4	45	3	60
Totals	75	5	60	4	45	3	60

## SUBJECTIVE NARRATIVE

"I want to get up and walk."

## OBJECTIVE

GOAL	PRIOR STATUS	CURRENT STATUS
To facilitate Pre gait activities	Gait: TBA;	Non Ambulatory at this pt.
To facilitate standing within    bar for 2 min.	Balance: standing (s/d)= TBA;	standing during transfers was poor with decreased safety and buckling of the Left LE;
To incr. stand pivot with mod A of 1 on unaffected side with active hip ext and knee flex of the affected side.	Stand pivot with max A of 2 with weight bearing on the RLE.	Stand pivot with max A of 2 with weight bearing on the RLE.
More controlled sit to stand with mod A of 1 more weight bearing on the affected side.	Transfers sit to stand with max A;	Transfers sit to stand with max A and mod A of 2 in some times.
To incr. rolling on the affected side with min A of 1 with minimal verbal cues with mod A w/Dep w/LE	Right roll is mod A of 2 with moderate verbal cues.. maxA w/ Dep. w/ L LE;	Pt was taught Log Rolling on to the affected side with mod A of 2; Pt needs to be qud for RLE to be placed under the left leg to be lifted up for flexion and extension and to lift the left hand: abduct;int rotated; slight flexion to be carried over with right hand.
To incr. rolling to mod A with appropriate techniques.	Rolling on affected side is max with maximum verbal cues and	Rolling on affected side is max with maximum verbal cues and
To facilitate bed mobility with active cueing, to rolling on the unaffected side with moderate Vc's	BED mobility: maxA sit to supine;	BED mobility: maxA sit to supine;
To incr. tone on the unaffected side and active AROM of LLE.	LE ROM: RLE AROM WFL and LE flaccid paralysis w/ full PROM; Strength: RLE proximal is 3+/5 and distal is 4-/5, LLE is 0/5; Sensation: Pt. has altered/ decreased sensation in L extremities;	LE ROM: RLE AROM WFL and LE flaccid paralysis w/ full PROM; Strength: RLE proximal is 3+/5 and distal is 4-/5, LLE is 0/5; Sensation: Pt. has altered/ decreased sensation in L extremities;

## ASSESSMENT

**Summary of Prog:** standing during transfers was poor with decreased safety and buckling of the Left LE;

Transfers sit to stand with max A and mod A of 2 in some times; Stand pivot with max A of 2 with weight bearing on the RLE.

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**Need for Continued TX:** Continue with NDT techniques for sitting, postural training, Neuromuscular Reeducation, Pre-gait tmng, Transfer tmng and bed mobility.

**Discharge Setting:** Home

## PLAN

Continue as previous:

1. To facilitate Pre gait activities (TARGET = 12/09/2003)
2. To facilitate standing within || bar for 2 min. (TARGET = 12/02/2003)
3. To incr. stand pivot with mod A of 1 on unaffected side with active hip ext and knee flex of the affected side. (TARGET = 12/02/2003)
4. More controlled sit to stand with mod A of 1 more weight bearing on the affected side. (TARGET = 12/09/2003)
5. To incr. rolling on the affected side with min A of 1 with minimal verbal cues with mod A w/Dep w/LE (TARGET = 11/25/2003)
6. To incr. rolling to mod A with appropriate techniques. (TARGET = 12/02/2003)
7. To facilitate bed mobility with active cueing, to rolling on the unaffected side with moderate Vc's (TARGET = 11/18/2003)
8. To incr. tone on the unaffected side and active AROM of LLE. (TARGET = 12/02/2003)

SIGNATURE

DATE

*AT Copy*

11/10/03

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7. To facilitate bed mobility with active cueing, to rolling on the unaffected side with moderate Vc's (TARGET = 11/18/2003)
8. To incr. tone on the unaffected side and active AROM of LLE. (TARGET = 12/02/2003)

## SIGNATURE

DATE

*PT Copy*

11/10/03



# REPORT OF CONSULTATION

Last Name <u>GILLES</u>	First Name <u>JOSEPH</u>	Middle Name	Room No.	Hosp. No.
From: Attending Physician <u>DR. DOAK</u>		To: Consulting Physician		Date

Report requested regarding \_\_\_\_\_

Signature of Attending Physician \_\_\_\_\_

## REPORT

Findings \_\_\_\_\_

51 yo ♂ seen at MMC on 10/26/03  
when he was admitted to acute (L) 1/2 plegia.  
C.T. of head revealed (R) basal ganglia  
bleed. MRI of brain did not reveal any  
neoplastic lesion or any vascular malformation  
and MRA was normal. As he stabilized he  
was transferred to M.H. for further rehab.  
Pt now awake, alert & spastic (R)  
1/2 plegia.  
He has no strength of RUE-RLE  
but plegia on the (R).

Diagnosis \_\_\_\_\_

(R) basal ganglia bleed & (L) 1/2 plegia.

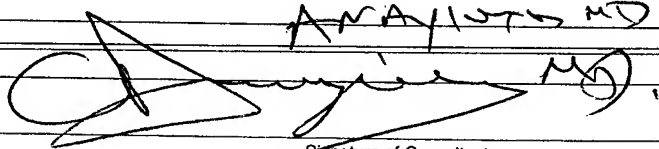
Recommendations \_\_\_\_\_

Pt needs intensive P.T. & Rehab.  
Further PT & medical clinic  
at Mon. Med. Center.

Date of Consultation: \_\_\_\_\_

12/8/03

Dr. \_\_\_\_\_

ANAYIOTIS MD.  


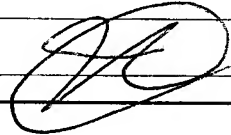
Signature of Consultant

# REPORT OF CONSULTATION

Last Name <b>DiGlio</b>	First <b>Joseph</b>	Middle	Room No. <b>4022</b>	Record No.
From: Attending Physician <b>Box R</b>		To: Consulting Physician <b>JSMC clinic</b>		Date <b>9-12-05</b>

Report Requested Regarding NUMO Consult

Signature of Attending Physician \_\_\_\_\_



## REPORT

Findings

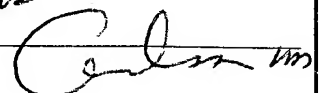
53 y/o w/o  
hx ICH (CVT = chronic ICH)  
Tx = Zanaflex, but trig  
no current dx's  
Neuroanth 300mg  
Multitask  
Wellbutrin XR 300mg  
Tifent  
o/a dx = (C) ICH  
s/paxia -  
b/c disc's steps & n/cda  
pmt: ch ↓ vision (C) eye  
abnl on RT in  
hx retinal detachment (form of C)

Diagnosis

Typ ICH = ch (C) ICH  
doubt ms

Recommendations

(m) observation  
return PRN  
Thank



9-12-05

Date of Consultation: \_\_\_\_\_ Dr. \_\_\_\_\_

Signature of Consultant